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ABSTRACT

This Child Development Associate (CDA) training module, one of a series of 18, provides the CDA intern with the knowledge and skills necessary for meeting the developmental levels and needs of individual children. Early sections stipulate the module's competency-based objectives, define terms, and suggest procedures by which trainees can evaluate their strengths and weaknesses. Subsequent chapters discuss identification of children with special needs, handicaps, staff training and preparation, community resources and referral, self-concept development, and activity development. The module also provides nine learning activities for the CDA intern. Also listed are books, pamphlets, films, and cassette tapes related to children with special needs. (MP)

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The Child Development Associate Pilot Project, funded by the U. S. Department of Health, Education and Welfare, Region VI, Office of Child Development, was awarded to Eastern Oklahoma State College in the fall of 1973, where during the next two years, draft materials for competency-based training was developed. In the fall of 1975, Oscar Rose Junior College was contracted to review and revise the materials for publication. The following individuals have provided the expertise and assistance for completion of the Oklahoma Child Development Associate curriculum materials.

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CHAPTER I

INTRODUCTION

RATIONALE

Programs for young children should focus on meeting the developmental levels and needs of individual children. When this focus is incorporated into the goals of programs, the special needs of each child are recognized and plans for meeting these needs are implemented.

The special needs in children are not limited by size; they cover physical, motor, emotional, behavioral, intellectual, and mental problems. Each area plays a significant role in children's development; thus all solutions in meeting these needs must be employed.

Teachers of young children must develop the ability to recognize these special needs in individual children. They must then be able to interact with the children to foster total growth and development.

In addition, teachers must recognize their own limitations in evaluating and treating many special needs. They must be able to identify and locate services for referral of children and their families for more extensive therapy.

Accomplishment of the objectives in this area will foster the individual's development of the following competencies as defined by the Child Development Associate Consortium:

Competencies:

II. Advances physical and intellectual competencies.

III. Builds positive self-concepts and individual strengths.

IV. Promotes positive functioning of children and adults in a group.

V. Brings about coordination of home and center practices.

VI. Carries out supplemental responsibilities.

OBJECTIVES

Upon completion of this area the trainee will be able to:

1. Define "special needs" in development and describe those which require specialized treatment.

2. Recognize various types of handicaps in children or case studies of children.

3. Develop a system and records for the referral of children with special needs.

4. Establish a file of referral resources available to young children and their families.

5. Accept children with handicaps.

6. Integrate children of handicaps into the total center environment.

7. Provide activities at the appropriate developmental level for children with special needs.

8. Promote positive self-concept development of all children through activities and guidance.

9. Provide referral and evaluation by specialists for suspected developmental problems.

10. Change the physical and psychological environment to best meet special needs of the children.

11. Demonstrate the techniques involved for working with special needs in children.

12. Implement recommendations from consultants to enhance development of children with special needs.

13. Assist the parents in coordinating the development of their children in both the center and the home.

CHAPTER II

DEFINITIONS OF TERMS

1. Abstract (behavior, ideas, intelligence, etc.)---Symbolic, the ability to manipulate or use symbols and concepts in dealing with unfamiliar problems. Antithesis of concrete which refers to particularized ideas and the manipulation of things.

2. Achievement, academic---The level of skill attained in education or school activities.

3. Adaptive behavior---The manner in which the individual copes with the natural and social demands of his environment. viz. intelligence.

4. Adjustment---A state of harmony and adaptation; a relationship (as to the environment, other persons, etc.).

5. Affect---A broad term including emotion, feeling, mood and the ability to relate to others.

6. Age, mental (MA)---The age for which a given score on an intelligence test is considered average or normal.

7. Anxiety---Restlessness, agitation and general distress due to the dread either real or unreal, of being helpless in a hostile environment.

8. Apathy---Morbid indifference.

9. Assessment---Measurement or evaluation of an individual in terms of preconceived criteria.

10. Battered child---Refers to the symptoms and physical damage associated with prolonged or chronic incidents of child abuse or "battering."

11. Behavior---Any activity of the organism whether physiological, psychological, or social.

12. Brain injury---Various types of undifferentiated central nervous system disorders or damage (syn. brain damage).

13. Central nervous system (CNS)---The brain and the spinal cord.

14. Cerebral palsy---Impairment of motor functioning associated with brain dysfunction.

15. Clinical services---Services provided to relieve, treat, modify, and manage recognized diseases and conditions through procedures and interventions consistent with the ethical requirements of the profession.

16. Compensation---The process of making up for a deficiency, either physical or psychological.

17. Congenital---Any condition which exists at birth.

18. Counseling---The relationship in which an individual receives help or finds an opportunity to release negative feelings and thus clear the way for adaptive growth.

19. Culture---The mores, folkways, institutions, and traditions which distinguish one group or nation from another.

20. Deprivation, environmental---Reduction or lack of environmental stimulation and of opportunities for acquiring knowledge ordinarily provided young children.

21. Development---The process of mental and/or physical maturation of an organism.

22. Diagnosis---Assessment based on structural observations and tests including: 1) previous history, 2) field observations of behaviors or symptoms, 3) expected behaviors for age group and cultural group, and 4) developmental expectations.

23. Disability, developmental---Under the provisions of federal legislation, includes mental retardation, cerebral palsy, epilepsy or other neurological conditions closely related to mental retardation, or which require treatment similar to that required for mentally retarded individuals.

24. Disadvantaged---Used to describe the factors associated with poverty and want. viz. deprivation, environmental.

25. Down's syndrome (mongolism)---A congenital condition characterized by a flat skull, oblique eyeslit, stubby fingers and thumbs, and a variety of other typical stigmata. Usually includes marked arrest of physical and mental development. Associated with chromosome error.

26. Educable mentally retarded (EMR)---A term used to refer to mentally retarded persons who are capable of some degree of achievement in traditional academic subjects such as reading and arithmetic. Also used to refer to those mentally retarded children who may be expected to maintain themselves independently in the community as adults, or to that group of mentally retarded obtaining IQ scores between 50 and 80.

27. Familial trait---A characteristic which appears in successive generations of a family and which may be due to genetic or cultural influences.

28. Hyperactive---Intense, driven, restless activity (hyperkinesis).

29. Impairment, sensory---Any damage or dysfunction of the special senses such as the visual or auditory apparatus.

30. Impulsiveness---Acting suddenly without foresight or prudence.

31. Intelligence---A multitude of interdependent factors which, when operating as a unit, direct the individual's mental behavior (in this book includes sensory-motor development, cognition, adaptive behavior, social intelligence and rate of previous learning).

32. Intervention---The application of techniques and procedures designed to improve or control ongoing behavior.

33. Learning disorder---Any condition related to severe academic deficiency which cannot be otherwise explained. Usually associated with minimal brain dysfunction. viz. that term.

34. Lethargy---An involuntary drowsiness or stupor.

35. Mental retardation---Refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period. It incorporates all that has been meant in the past by mental deficiency, feeblemindedness, dementia, oligophrenia, etc.

36. Minimal brain dysfunction---A relatively mild impairment of brain functioning that subtlely affects perception, learning, and behavior without reducing overall intellectual potential.

37. Negativism---Tendency to do the opposite of what is expected or ordered.

38. Rate of learning---That aspect of learning measured by IQ tests, refers mainly to speed of previous acquisition of knowledge.

39. Sensation---Feeling, seeing, hearing, etc., produced by stimulation of the sense organ.

40. Sensory motor development---The progressive growth and refinement of orientation, manipulation, locomotion, coordination, and representation skills based on the integration of sensation and experience.

41. Slow learner---A term used to refer to children who are educationally retarded. Also used to refer to children obtaining IQ scores from 80 to 90. Has occasionally been used as a synonym of educable mentally retarded.

42. Special education---An educational system which includes individual curriculum planning, personalized help, varying methods of presentation of materials, utilization of experimental methods of instruction, small, class size, availability of special materials, opportunity for different kinds of practice, and class programing based on the specific needs of the pupil.

43. Training---The process of helping the handicapped person gain new knowledge, skills, and abilities.

44. Trauma---Wound or injury, either mental or physical.

CHAPTER III

SELF-EVALUATION

To determine your competence in this area, read through the rationale and objectives in Chapter I and check those which you can perform successfully. This will provide an indication of your strengths and weaknesses.

Discuss this evaluation with the trainer/supervisor to determine the classroom and field experiences that will enable you to demonstrate competence in each objective.

If your self-evaluation and interview indicate that you can demonstrate competence in each objective, request an advanced-standing examination from your trainer.

CHAPTER IV

IDENTIFICATION OF CHILDREN WITH SPECIAL NEEDS

RATIONALE

All children have special needs which must be met to foster growth and development. Teachers of young children must develop the ability to identify these needs and the extent to which the child's ability to function is affected.

Needs of children may be physical, mental, emotional, or any combination of these. Often teachers can only determine a problem by observing children's behavior; they must consult a specialists for more complete evaluation.

ESSENTIAL CONTENT INFORMATION

I. Who are Children with Special Needs?

A. All persons have special needs; some people have more extensive needs in an area, and may have more areas of ability which have special needs.

1. The special or handicapped child usually has more special needs than other children.

2. These needs tend to interfere with everyday life and performance.

3. As these needs begin to interfere with development, everyday life and performances, the school staff must seek special ways of meeting these needs.

B. Some areas of special needs include vision, crippling conditions or physical needs, hearing, mental abilities, and emotions.

C. Since most persons have special needs, one must first describe what these are for individuals, and determine if they are major or minor needs.

1. Special needs may go unrecognized and mistakes are mislabeled as "laziness," "slow," "disobedient."

2. These behaviors are symptoms of a problem, not the problem; therefore, we must gather data which leads toward diagnosis of the problem.

D. A few behaviors which might indicate an area of a more major need, (a handicap of some kind) include:

1. Low language development; does not talk or understand language as well as others of the same age.

2. On fringe of activity; does not get involved.

3. May seem confused much of the time.

4. Finds it difficult to play with or get along with other children.

5. Cries often, more than other children.

6. Frequent temper tantrums.

7. Uncoordinated; clumsier than other children.

E. When you suspect special needs, seek help through referral; special needs training is required to evaluate these problems.

F. Specialists can provide evaluation, diagnosis, and recommendations for program development.

G. When evaluation and diagnosis are given, the staff must remain open to change and not give unfair labels or categories of behavior to children with special needs.

II. Any Complete Assessment and Evaluation is a Complex Process which Requires the Training of Specialists.

A. Adequate assessment may be completed through a variety of processes:

1. Formal tests,

2. Structured observations,

3. Interviews with parent, child, teacher,

4. Check-list observations.

B. Assessment must be completed by a person or persons with training in assessing.

1. Teachers and/or paraprofessionals can contribute much to this process when working under the direction of a trained person.

2. Observations of teachers and parents contribute to assessment.

3. Data collected and recorded through daily work with the child is a valuable part of assessment.

C. Assessment often is done by use of a team approach.

1. Since human behavior is complex, assessment is more complete if a team of interdisciplinary people work together to describe the level of functioning and needs of the child.

2. This team may include teachers, psychologists, social workers, physicians, therapists, (speech, behavior, etc), parents.

D. Some expected results of assessment might include:

1. A better understanding of the individual learning patterns of the child.

2. More knowledge of the strengths and weaknesses of the child to enable the use of strengths to build weaknesses.

3. More complete understanding of current functional level of the child.

4. The negative results of labeling the child, or stereotyping as "hopeless," "unable to do anything." This is to be avoided.

CHAPTER V

HANDICAPS

RATIONALE

The special needs of children are often referred to as handicaps or conditions which impair an individual's abilities to function. Teachers of young children should develop the ability to recognize behavioral characteristics symptomatic of each handicap and develop strategies for working with these children.

ESSENTIAL CONTENT INFORMATION

I. Physical/Motor Handicaps generally include five types of disabilities:

A. Hearing impairments usually mean problems in two areas.

1. A child may have difficult hearing the loudness or intensity of a sound, and/or particular sounds.

a. Hard of hearing persons may have a mild (20 decibel) loss to a severe (60 decibel) loss.

b. A deaf person will have a loss of more than 60 decibels.

2. Children with hearing disabilities often have difficulty speaking correctly.

a. Speech may be delayed, developing slower than normal.

b. There may be articulation problems, such as problems of accuracy with which sounds are made.

c. There may be difficult with the voice and its loudness, pitch, rate, and quality.

d. Stuttering is a possible speech problem.

B. Some behavioral characteristics of children with hearing loss include:

1. They become inattentive in group or class activity.

2. They may frequently give obviously incorrect responses to statements or questions.

3. They may be observed to turn one side of their heads toward sound, thus indicating a loss in one ear.

4. Speech which is usually loud or soft may indicate that they do not hear well.

5. They may frequently ask one to repeat statements or questions.

C. Some causes of hearing difficulties include:

1. Ear infections, as when children have colds, can be temporary or may cause them to lose up to 50% of their hearing.

2. Inner ear problems which are a result of damage to the nerves and hair cells may be caused by:

   a. German measles during the mother's first three months of pregnancy,

   b. Viral infections during pregnancy,

   c. RH factor during pregnancy,

   d. Childhood diseases such as meningitis or other illnesses having high fevers.

D. Strategies for working with children with hearing difficulties:

1. Be sure and talk with these children often.

2. Provide them the opportunity to watch your vocal mechanism as you talk, and to see your lips move.

3. It may be helpful for them to touch your throat or lips and feel the movement.

4. Talk to them at eye level.

5. Move near them when you talk to them.

6. Speak naturally with a normal voice, and a moderate rate of speed.

7. Speak in short, but whole sentences.

8. Give visual cues to what you are saying.

E. Some additional problems for people with speech difficulties include:

1. A deficit in receptive language: the ability to understand ideas or feelings presented to them by speech, writing or gesture.

2. Problems of not receiving correct information, such as:

   a. Deafness.

   b. Poor auditory discrimination or an inability to distinguish between sounds.

   c. Poor comprehension or a lack of understanding.

3. A deficit in expressive language, or an inability to convey the understanding they have to others through oral, written or gestural language. Problems in this area may include:

   a. Aphasia---An inability to speak, often caused by brain damage,

   b. Poor formulation---An inability to use and organize speech to convey ideas,

   c. Poor articulation---an inability to produce sounds,

d. Poor or limited vocabulary,

e. Poor syntax---A confused word order or nonuse of certain parts of speech,

f. Poor inflection---A lack of voice quality in volume and pitch,

g. Fluency problems---A disconnected speech.

F. Some ways to help children with language problems include:

1. Provide many normal language development activities.

a. Talk to children on the telephone.

b. Ask questions about activities they are involved with.

c. Use puppets.

d. Dramatize.

2. Provide a model for good language.

3. Label the children's activities with words. For example: "John is running."

G. Some problems of visual disability include:

1. Total blindness---The inability to see anything. This category includes a minority of visually-impaired children.

2. Many children with visual disability see the general shape of things, but see varying degrees of detail.

H. Some causes of visual impairment include:

1. Amblyopia---A dimness of vision, sometimes one eye being better than the other,

2. Astigmatism---A refracture error, light rays being prevented from focusing on retina,

3. Cataract---A thin covering which grows over the lens of the eye,

4. Glaucoma---An increased pressure in the eye, often leading to blindness,

5. Hyperopia---A far sightedness, where far objects are clear while near objects are fuzzy,

6. Myopia---A near sightedness, close objects being clear and far ones being fuzzy,

7. Nystagmus---A involuntary rapid movement of eye ball,

8. Strabismus---A squint, failure of two eyes to direct gaze simultaneously at same object because of muscle imbalance,

9. Accidents with sharp objects and falls accounting for a major portion of injuries.

1. Some behavioral characteristics of children with visual difficulties include:

1. Rubbing eyes excessively,

2. Tilting head, or thrusting head forward,

3. Blinking more than usual,

4. Holding objects near eyes,

5. Squinting eyelids together,

6. Appearing cross-eyed, watery-eyed, red-rimmed or having swollen eyelids,

7. Itching or burning eyes,

8. Being dizzy or having headaches.

J. How to help children with vision difficulties:

1. Visually impaired children must rely heavily upon feel. For example: The non-visually impaired see a straight line; the visually-impaired must feel it.

2. The visually-impaired need to be talked to; this helps them understand their surroundings.

3. Encourage the use of materials which vary in sound, texture, and motion.

4. Their surroundings need to be consistent from day to day.

K. Children may have orthopedic handicaps caused by birth defect, disease, or accidents.

1. Cerebral Palsy---A chronic, nonprogressive, motor disability which does not affect their intellectual ability. Their characteristic behaviors include:

   a. Motor patterns are spastic (slow, stiff movements) or athetoid (rapid, involuntary movement of fingers or limbs).

   b. These children may exhibit speech problems, often articulation problems.

   c. Children with mild cases are able to mobilize themselves. Those with severe cases may require assistance.

2. Anoxia---Baby does not have enough oxygen at birth, which may cause brain damage. Motor handicap may result and may range from slight to severe.

3. Damage to brain, nerves or muscles may occur after birth, as a result of:

   a. High fever.

   b. Muscular dystrophy.

c. Meningitis.

d. Convulsions.

4. Accidents can cause muscles and nerves to be damaged.

L. Some general behaviors to watch for, which may indicate damage resulting in disability with motor activity are the following:

1. Clumsiness,

2. Difficulty in climbing, creeping, crawling, riding tricycle,

3. Random uncontrolled marks with paint brush or crayons,

4. Lack of ability to string beads (check vision also),

5. Difficult chewing and/or swallowing.

M. Some ways to help children with motor difficulties include:

1. Encourage independence and normal exploration of the environment.

2. Adapt equipment to the specific needs of the child.

II. Emotional/behavior difficulties may vary from uncomfortable feeling to severely disturbed behavior.

A. Although most people have emotional difficulties at some time, the children referred to as disturbed emotionally seem to have continuing difficulties which seem harmful to their total developments.

B. Some specific emotional and behavioral problems include:

1. The overactive child displays much hyperactive behavior.

2. Some behaviors observed include:

   a. Fidgety,

   b. Easily distracted,

   c. Disruptive in group activities,

   d. Unaware of other's feelings.

3. Suggestions for helping overactive children.

   a. Block their view of other activities.

   b. When leading them into a new activity, stay with them until they are involved.

   c. Adapt the environment to avoid encouraging destructive behavior.

   d. Allow specific times and ways they can express their active natures.

4. The fearful child---A child who seems afraid or worried. Some observed behaviors include:

   a. Crying easily,

   b. Not joining in with other children,

   c. Seeming to need routine and to be upset if things are changed.

   d. Being uncomfortable with new situations,

   e. Being uncomfortable with new people,

   f. Being unduly afraid of certain specific items, such as animals, lightening, etc.

5. Some suggestions for helping fearful children are the following:

   a. Be with them as much as possible in new situations or when there have been changes in the familiar routine.

   b. Reassure them when they become afraid.

   c. Extra physical contact may help.

   d. Encourage participation in activity and give praise.

   e. Talk about worries and fears <u>without</u> confronting children with them.

   f. Allow them to indicate their own fears; your observation could be incorrect.

6. The withdrawn child---Has difficulty relating to people and may remain distant. Some behaviors observed are:

   a. Little reaction to adults or children,

   b. Poor eye contact,

   c. Able to relate to objects more than people,

   d. May repeat a phrase over many times,

   e. Barely communicate with words,

   f. May stare for periods of time,

   g. May handle a toy, but not use it as it was intended.

7. Some suggestions for helping withdrawn children are the following:

   a. Avoid barging into the world of these children. Progress will likely come slowly. Barging in may cause more retreat.

b. Observe what their likes are. Try to initiate activity which will bring them pleasure.

c. Build trust.

d. If they respond to physical contact, use the touch of your hand on theirs for reassurance.

e. Provide some structure.

III. Mental/intellectual handicap as defined by the American Association on Mental Deficiency refers to "significantly sub-average, general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period."

A. Intellectual functioning is assessed by use of standardized tests developed for this purpose; significantly sub-average means two standard deviations below the average.

B. The developmental period is referred to as having an upper limit of age eighteen.

C. Adaptive behavior is the effectiveness with which individuals meet personal independence standards and social responsibility expected for their age group and cultural group.

1. Adaptive behavioral deficits seen in infancy and early childhood include:

a. Sensory-motor skill development,

b. Speech and language,

c. Self-help skills,

d. Socialization or the ability to interact with others.

2. Some deficits observed in childhood and adolescence include:

a. Use of basic academic skills in daily life activities,

b. Use of appropriate reasoning and judgment in mastery of the environment,

c. Participation in group activities and interpersonal relationships,

d. Late adolescence vocational responsibilities.

D. Characteristics and levels for persons having mental retardation according to the classifications of American Association on Mental Deficiency:

1. Profoundly-delayed children, age three years and above may exhibit the following behaviors:

a. Independent feeding not seen, cooperate in feeding but do not feed themselves.

b. Physical development---sit up, pull up, reach for objects, thumb-finger grasp, manipulate objects.

c. Communication---imitate sounds, laugh back, may say "Da Da" or "Buh Buh," no effective speech, may gesture.

d. Social---knows familiar people and may interact non-verbally.

2. Severely-delayed persons, age three years.

a. Attempts self-feeding (usually fingers); cooperate with dressing, bathing, and toilet training; may remove clothing, but not as structured undressing.

b. Physical development---stand alone; may walk unsteadily or with help; coordinate eye-hand movements.

c. Communication---one or two words, mostly vocal play.

d. Social---respond to other in predictable fashion; communicate needs with gestures; play "patty-cake" but with little interaction.

3. Moderately-delayed persons, age three years.

   a. Try to feed themselves with spoon; considerable spilling, remove socks, pants; cooperate in bathing and toileting; may indicate wet pants.

   b. Physical---walk alone unsteadily; can pass ball or objects to another; may run and climb steps with help.

   c. Communication---may use four to six words; communicate many needs with gestures.

   d. Social---play with others short periods, often parallel play; recognize others and may show preference for some persons.

4. Mildly-delayed persons, age three years.

   a. Feed themselves with spoon with considerable spilling; drink unassisted; pull off clothes and put some on; try to help with bath; indicate toilet accident and may indicate toilet need.

   b. Physical---may climb and descend stairs (not alternating feet); may run and jump or balance briefly on one foot; can pass ball to others, transfer objects; may do simple-form board puzzles.

   c. Communication---two to three word sentences such as: "Daddy go work." Name simple objects; understand simple directions; know people by name; may continue to use many gestures.

   d. Social---may interact with others in simple play activity, usually only one or two; prefer some persons over others.

E. Some suggestions for helping children with mental retardation:

1. Observe children to be fully aware of their individual development; begin work with something one can do, respect one's pace.

2. Give short directions (often one word or a phrase); then wait for response.

3. Provide language models by naming objects and actions frequently.

4. Be consistent with directions and daily schedules.

5. Allow for movement; do not attempt to force children to sit still.

6. They may indicate the need for more structured activity.

7. Use a multi-sensory approach in teaching.

8. Encourage exploration of materials; allow them to do this their way, which may be different from non-delayed children.

IV. Related Areas of Special Needs.

A. Economic---those children who have economic deprivation (who do not inherit genes that predispose mental retardation) have to fight against heavy odds, even prenatally.

1. Research is pointing to the adverse effects to the baby of the mother's poor nutrition prior to conception and during prenatal development.

2. A larger percent of pregnant women in poverty environments do not seek medical care during pregnancy, and the consequent risks to baby are higher.

3. Crowded living conditions may increase incidents of severe disease or long term chronic disease which has an effect on the functional levels of children.

4. Over-abundance of sensory stimuli in a limited environment may encourage children to "turn off" sensory stimuli, and thus inhibit development.

B. Child abuse and neglect.

1. Types of abuse.

a. Physical battering.

b. Neglect.

c. Sexual.

d. Emotional.

2. Factors associated with abusive parents.

a. Parents very young in age.

b. Child conceived premaritally.

c. Parents having marital difficulties.

d. Family socially isolated from the community.

e. Family moves frequently.

f. Parents have low self-esteem.

g. Mother is abused by husband.

h. Parents have unrealistically high expectations for children's behavior.

i. Parents often being abused as children and did not receive the emotional nurturance needed.

j. One or both parents emotionally unstable.

k. Parents having no positive models for learning how to be a "good" parent.

l. A crisis situation occuring which precipitates abuse.

m. Father absent from or uninterested in home.

3. The factors associated with children who are abused.

a. Infants and toddlers are abused more than any other age group.

b. Male children are abused more than female.

c. Mothers often describe the children they abuse as demanding or difficult children.

d. An abused child often reminds the abusive parent of a hated person.

e. The abused child is often "different" from the other children in the family in some way; developmentally slow, developmentally advanced, physically handicapped, etc.

4. A checklist for the detection of possible neglect and abuse.

a. An unexplained injury to a child; particularly a fracture in a child under two.

b. A history of accidents inappropriate for child's level of development.

c. Evidence of skeletal trauma through the use of x-ray.

d. History of repeated accidents, frequent bruises and falling.

e. Failure to grow or develop according to schedule.

f. Evidence of disturbed mother-child relationship; child not attached to mother and mother showing lack of empathy.

g. Child unclean, unkempt, or inappropriately dressed.

h. Child has rashes or injuries to the skin such as cigarette burns, bite marks, belt lashes, etc.

i. Child behaves in very shy, fearful, and inhibited manner or, on the other extreme, may be impulsive and over-aggressive.

j. Child being habitually tired and listless.

k. Child being frequently tardy or absent from school.

5. What to do when you suspect a child has been neglected or abused.

a. Discuss this with the center director.

b. Contact the official child abuse reporting agency for your state who has the legal authority to take appropriate action. In Oklahoma, this agency is DISRS.

C. Children from special families.

1. Children from special families may experience a multitude of factors which affect their total functioning within the early childhood program. The teacher needs to be cognizant of these factors which may be associated with special families in order to work more effectively with their children.

2. Examples of special families include:

a. Single-parent families,

b. Divorced parents,

c. Separated parents,

d. Unmarried mothers,

e. Different cultural or ethnic group,

f. Adoptive parents,

g. Foster parents,

h. Children in residential settings,

i. Families in which a parent has died,

j. Families in which a parent is handicapped,

k. Families in which a parent has remarried numerous times.

CHAPTER VI

STAFF TRAINING AND PREPARATION

RATIONALE

Integrating children with special needs into the program can have traumatic effects on staff and other children if preparations are not made in advance. Some physical facilities may need to be altered and some special materials made available to meet the individual needs of children.

Staff members must have the training and psychological preparation to enable them to accept the children and their problems. In addition, training will enable teachers to provide a smooth transition of special-needs children into the group setting.

ESSENTIAL CONTENT INFORMATION

I. The preparation of the staff prior to integrating children with handicaps into the program is important; some major factors to consider are the following:

   A. Most staff may have had no contact with children with special needs; these teachers frequently find themselves dealing with strong emotional feelings of their own.

      1. Negative feelings may suddenly appear.

      2. It is natural to have such feelings.

      3. Open discussion of these feelings can be most helpful.

   B. Staff time-demands may increase; different management of time may be necessary.

   C. There could be a need for additional personnel; this could be paid staff or volunteer.

   D. Integrating children with special needs into a program means that they become a part of all activities of this school.

1. Teachers may require assistance adapting activities to meet these more diverse or extreme needs as well as to continue to meet needs of the other children.

2. Help may be required in assisting or facilitating the other children's acceptance of differences.

E. Staff need for using community resources may increase as they look for ways to facilitate programs for children with special needs.

1. The staff may need information on what services are available and how they can be used.

2. A community resource directory is needed.

3. The staff may need training which explains the best techniques for use of resources to assist children with special needs.

F. Assistance may be needed in indentifying the special equipment needed.

II. Types of Training Needed.

A. Programs for young children should provide staff training, for the following reasons:

1. To keep the staff up-to-date on new developments in the field,

2. To satisfy the need for refreshing renewal for the staff,

3. To continue professional growth,

4. To assist the staff in meeting the special needs of children.

B. Staff training can be done in a variety of ways:

1. Lectures and discussions with specialists brought into center,

2. Attending workshops and conferences away from the center,

3. Consultants brought in to work with classrooms at the center, during class time,

4. Slides, filmstrips and films used as an enrichment for regularly scheduled staff meetings or training sessions,

5. Staff enrolling in college courses,

6. Discussion with parents, who assist with helping teacher to recognize special needs,

7. Visitation to other programs.

III. Physical changes needed in order to accommodate children with special needs may include:

A. Doors need to be wide enough to allow passage of wheelchairs.

B. Ramps may be needed for uses of wheelchairs or other special equipment.

C. Handrails are needed near toilets.

D. Non-slip floor covering makes mobility easier for those with difficulties.

E. Equipment should be accessible to all children---sturdy, safe blocks in front of sink, sand table may facilitate this.

F. Seats and equipment adjusted for floor use may be necessary.

G. Learn to observe children's needs and improvise to find ways to adjust material to fit these needs.

H. Seek consultation service to give assistance in adapting equipment.

I. Seek commercial equipment made for special needs.

CHAPTER VII

COMMUNITY RESOURCES AND REFERRAL

RATIONALE

Fulfilling the requirements of children with special needs often requires the utilization of services and agencies with specialists trained to meet these needs. Specialists have the ability to evaluate needs, provide treatment, and prepare for the integration of these children into group situations.

Teachers of young children should be acquainted with community resources available and the services which can be provided to children and families with special needs. Referral information should be readily available to teachers; they should know the method of referral preferred or required by each agency.

ESSENTIAL CONTENT INFORMATION

I. Referral---is the process of seeking assistance of specialists to help facilitate the best program development or service for a child. A consultant may be called in, or the child may be taken to a consultant.

   A. Children and their families may be referred to other agencies at any time the teacher, child, and/or parents feel the need for more information. Some reasons include:

      1. To identify and evaluate conditions related to health, vision, hearing, etc.,

      2. To identify and evaluate, diagnose emotional problems,

      3. To identify and evaluate diagnosis problems of intellectual or learning ability,

      4. To obtain information on how to develop a program for particular needs already identified,

5. To consult and counsel families,

6. To provide therapy for special needs,

7. To provide financial assistance.

B. Records of referral should be kept for each child, and for each referral made.

1. Records of referral should include:

a. Information accurately describing the problem, or why referral was made.

b. To whom or what agency referral was made.

c. Date of referral.

d. Results of the referral.

2. Sample referral record form:

Name of Child:	Referral Date:
Referred to:	
Description of problem:	
Date Results Received: Results:	
Second Referral:	Referral Date:
Referred to:	
Description of problem:	
Date Results Received: Results:	

II. Where to Go for Help.

A. An individual teacher first documents through observation (and other methods) that there is need for help.

B. This teacher seeks help of other professionals in the school including other teachers and the director.

C. Together, they seek help of parents.

D. They use the referral directory to seek community service.

III. Process of Referral.

A. After in-school sources have been explored (as described in II.), a decision is made to seek help of other agencies or persons.

B. Before seeking community service, the teacher has already worked in close relation with parents to understand and explore the problem. Their permission must be obtained before other steps are taken.

C. Follow steps A. and B., gather records and all data which will describe problem.

D. Identify community source, and set a date for referral; send records which this agency will need.

E. Arrange with the referral agency how the referral results will be reported before the agency sees the child.

1. An oral report may be desired.

2. A written report should be obtained.

3. Decide if the referral agency, or teacher, or both will report results to parents.

IV. Referral Directory.

A. Every center should maintain an updated directory of supplementary services.

B. It is helpful for the center to have a working relationship with other community agencies.

C. Sources of referral may be obtained by:

1. Contacting local agencies already seeking referrals; they may provide a starter list.

2. Seeking and contacting local agencies for descriptions of their services.

3. Contacting national agencies and asking for the name and address of a local representative, etc.

D. A systematic record of referral sources should be kept; sample record systems should include:

National Organizations	Name, address of local branch
I. VISION 1. American Foundation for the Blind (address, phone, etc.)	Name_____ Address_____ _____ Phone_____ Person to contact_____ _____
2. (List others)	Name_____ Address_____

National Organizations	Name, address of local branch
II. HEARING	Name_____
1.	Address_____
	_____
	Phone_____
	Person to contact_____
	_____
2. (List others)	Name_____

Other suggested headings include: dental problems, mental handicaps, emotional problems, speech handicaps, general health problems, family counseling, physical disabilities.

CHAPTER VIII

SELF-CONCEPT DEVELOPMENT

RATIONALE

Concepts children have of themselves are formed early in life; they affect the ways children function in the environment. Self-concepts are developed through what children believe the significant people in their lives feel about them.

The development of positive self-concepts is an essential component in programs for young children. Attitudes and expressions related to children by teachers are important factors in the development of self-concept.

ESSENTIAL CONTENT INFORMATION

I. Self concept is the composite image children have about themselves; this includes both physical and psychological self-images:

A. Physical self-images are formed first; they are concerned with children's general appearance including:

1. Thoughts and feelings about attractiveness or unattractiveness.

Interactions with environment may facilitate one's feeling of attractiveness.

2. How children think and feel about their sex appropriateness or inappropriateness.

a. Are they able to accept their sex role, or do they develop feelings of sex inappropriateness. Ex.: An active girl may be told, "You should have been a boy," or "Girls aren't that active; be more feminine."

b. The discovery of feelings they have about their sex ("I am a girl" or "I am a boy") have great implications for behavior.

3. Their body parts, body movements and use of body facilitate:

a. Feelings of mastery over objects in the environment.

b. Praise or prestige use of the body gives or provides in the eyes of others.

B. Psychological self-images are based on thoughts, feelings and emotions.

1. Qualities and abilities affect the children's adjustment to life situations; some include:

a. Independence,

b. Self-confidence,

c. Honesty,

d. Courage.

2. The aspirations and abilities of the children.

What they aspire to and their abilities to reach the aspirations.

C. The coordination of physical and psychological self-images is often difficult.

1. Young children may tend to think of the physical self and psychological self separately.

2. As they grow older, these concepts of physical and psychological fuse, and they perceive themselves a unified individuals.

D. Much of what their self-concept is may be based upon what they believe the significant people in their lives think of them.

1. Others become a "mirror" through which they see themselves.

2. Children learn to think and feel about themselves, as they are defined by others, through love, praise, punishment, etc.

3. These "mirror images" are often faulty.

a. What children perceive may be incorrect so they may misinterpret.

b. Others may not adequately send messages. Ex.: If attention is focused on activities which are displeasing, and no attention or activities which are pleasing, negative feelings about the children may be the message sent.

II. Typical Patterns in the Development of Self-Concept:

A. Development of self-concept is continuous.

B. The basic or primary self-concept, acquired first, is founded upon experiences children have in the home.

C. As contact outside the home increases, the children acquire other concepts of self which become the secondary self-concept: how they see themselves through others.

D. By early elementary school-age, children have often formed quite stable images or concepts of themselves.

E. Changing concepts of one's self is usually very difficult.

F. For most children, self-concept may seem to work as a self-fulfilling prophecy; for example, children have an idea of how well they can do and behave in ways which confirm this expectation.

CHAPTER IX

ACTIVITY DEVELOPMENT

RATIONALE

Activities for young children must be organized to be effective and require evaluation to determine their effectiveness. Through the use of an activity file card system the individual teacher can better organize his/her time to meet the individual needs of children.

When activity plans are written in a uniform fashion a volunteer, substitute, or aide can become familiar with what is being done. In addition, the file cards provide a useful reference for future teaching of young children.

ESSENTIAL CONTENT INFORMATION

I. Components of an Activity Card.

A. Curriculum Area: e.g., Science.

B. Topic: The theme or area of study, e.g., Plants.

C. Teacher Goal: The overall purpose of the learning activity.

D. Performance Objective: The behavior(s) that the child should be able to perform upon completion of the activity.

E. Materials: A listing of all the items needed for carrying out the activity.

F. Procedure: A sequential listing of all the steps involved in carrying out the activity.

G. Evaluation: A critique of the activity to see whether the performance objectives were accomplished. The evaluation would also include statements useful for future reference about how the activity could be improved, appropriateness to this group level, etc.

II. Setting up the Activity Card File.

A. A Suggested Curriculum Division.

1. Art.
2. Body Skills.
3. Family.
4. Health.
5. Language.
6. Mathematics.
7. Music.
8. Nutrition.
9. Play.
10. Safety.
11. Science.
12. Self-Concept.
13. Social Science.

B. Procedures for Developing the Activity Card File.

1. Obtain a 5" x 8" file box and file cards.
2. Divide the file into your chosen curriculum divisions.
3. Develop learning activities for each curriculum division to carry out your yearly and weekly program plans.

III. Activity File Card.

Reduced Sample:

Curriculum Area
(Topic)

Teacher Goal:

Objective(s):

Materials:

Procedures:

Evaluation:

SAMPLE ACTIVITY FILE CARD - SELF-CONCEPT

Curriculum Area

Self-Concept
Appearance

Teacher Goal: To be proud of their appearance.

Objective(s): Each child will draw a picture of what he thinks he looks like and show it to the class.

Materials: Paper, crayons, mirrors to look at themselves if they desire.

Procedure: Give children materials and instructions. Allow children to draw as they wish. Discuss what is being drawn and encourage positive comments and drawing. Show pictures to class and let children take home. Make sure names are on papers when they are finished.

Evaluation: Children loved it. No problems. Reinforce children who described negative features of themselves.

CHAPTER X

LEARNING ACTIVITIES

CASE STUDY

COMPARISON OF A DISADVANTAGED AND NON-DISADVANTAGED CHILD

Observe an economically disadvantaged child and an economically non-disadvantaged child and write a comparative report by completing the following steps:

1. Select a disadvantaged child and a non-disadvantaged child in your classroom.

2. Study the backgrounds of both children, noting the socio-economic group, ethnic group, parents' education and occupations.

3. Observe both children for approximately one month. Note the levels of development (physically, intellectually, socially/emotionally). Note their self-images and relationships to others. Compare strengths and weaknesses of both children.

4. Write a report including a study of the backgrounds of both children and of your observations comparing the development, strengths and weaknesses of both children.

5. Conclusions: How have the backgrounds of both children affected their development and behavior in the classroom?

NOTE: Do <u>not</u> use the children's full names. Identify them by their first names only.

TO BE TURNED IN:

A written report containing the information outlined in items 1 through 5.

CASE STUDY

THE ABUSED AND NEGLECTED CHILD

Do you have a child in your center whom you believe has been abused or neglected? If not, have you ever had one? Write a report or case study on this child, being as thorough and as objective as possible. Remember to keep your language professional. Include the following:

1. Identification of possible neglect or abuse problems.
2. How did you recognize the problem?
3. What was done to correct it?
4. Do you see any lasting or continuing effects of the problem?

TO BE TURNED IN:

A written report containing the information outlined in items 1 through 4.

THE HANDICAPPED CHILD

ASSESSMENT AND DEVELOPMENTAL ACTIVITIES

Select one child from your center who fits the definition of a handicapped child. Do the following in regard to this child:

1. State the nature of the handicap.

2. Assess the developmental level at which the child is functioning in relation to the child's age in the following areas: language, motor, social/emotional, intellectual (utilize the Head Start scale).

3. Develop five activities designed to meet the developmental needs of this child in the areas in which a deficiency in development is apparent.

TO BE TURNED IN:

1. A written discussion of the information requested in items 1 and 2 (number accordingly).

2. The five developmental activities written according to the format developed by the CDA program.

ASSESSMENT OF TEACHER STRENGTHS

Select one teacher of young children. This could be a teacher from your own earliest years of school, a teacher who has taught your children, or a teacher in your community whom you know rather well. Evaluate the teacher's characteristics as listed below:

1. Attitude toward teaching.
2. Relationship with other teachers.
3. Relationship with children.
4. Relationship with parents.
5. Classroom organization.
6. Flexibility.
7. Discipline.
8. Sense of humor.
9. Sensitivity - empathy - sympathy.
10. Other outstanding characteristics you noticed.

TO BE TURNED IN:

A written report containing the information outlined in items 1 through 10.

YOUR BACKGROUND AND YOU

This assignment is to help child care workers realize how their personal backgrounds have affected their present attitudes and values. It is aimed at helping the student gain insight and also knowledge of how the backgrounds of children affect their attitudes, skills and behavior.

1. List some of your present values.

   a.

   b.

   c.

   d.

   e.

   f.

2. Select one of the above values and discuss how your ethnic group, socio-economic group, education and/or occupation(s) of your parents helped to develop this value.

3. Discuss how this value helped or hindered you in your professional life.

4. Discuss how this value affects your guidance and/or attitude toward young children.

TO BE TURNED IN:

A written report containing the information outlined in items 1 through 4.

INVENTORY OF ATTITUDES TOWARD THE DISADVANTAGED

This inventory is designed for individuals to assess their own attitudes and values toward others. By recognizing these attitudes and values, individuals can better meet children's needs.

Read through the following statements and in the right-hand column check your agreement or disagreement for each.

	AGREE	DISAGREE
1. Many personality traits, such as honesty, goodness and friendliness, have been shown to be related to race.	_____	_____
2. If the most intelligent, imaginative, energetic and emotionally stable one-third of mankind were to be selected, all races would be equally represented.	_____	_____
3. What disadvantaged youth needs most is strict discipline and the will to work.	_____	_____
4. The idea that opportunities in the United States are open equally to all individuals of equal ability must be regarded as false.	_____	_____
5. I can hardly imagine my best friend marrying a person of another race.	_____	_____
6. Culturally, the colored races are superior to the white race in many important respects.	_____	_____
7. Among disadvantaged children, a teacher can expect three out of four to have less than average intelligence.	_____	_____
8. Experienced teachers have a good understanding of the child's home life.	_____	_____

		AGREE	DISAGREE
9.	In general, teachers could do a better job if the schools were segregated.	_____	_____
10.	In America, the best teachers of the culturally-different learners tend to come from that culture.	_____	_____
11.	Most disadvantaged families do not really know what they want out of life.	_____	_____
12.	Teachers in depressed areas can expect little parent cooperation in school problems.	_____	_____
13.	The disadvantaged should have more to say about the kind of education offered to them.	_____	_____
14.	The most successful teachers of the disadvantaged seem to be born with a certain knack for such teaching.	_____	_____
15.	Minority groups should ignore their cultural origins and work more toward adapting to our American way of life.	_____	_____
16.	Researchers have found that relatively fewer disadvantaged children can be trusted than middle-class children.	_____	_____
17.	The very fact that a Mexican-American child may speak two languages tends to cause school failure.	_____	_____
18.	Much of the prejudice that minority children feel directed toward them by teachers and other students is largely imaginary.	_____	_____
19.	The higher the expectations a teacher demonstrates for a disadvantaged learner's ability, the more that child will actually learn.	_____	_____

(This inventory does not need to be returned to the instructor for evaluation.)

ASSESSMENT OF ATTITUDES TOWARD THE DISADVANTAGED

Review your responses to the statements in Learning Activity #6. Summarize your biases and discuss how these attitudes and values were developed.

TO BE TURNED IN:

Your written assessment of your biases and how they developed.

RESOURCE DIRECTORY FOR THE HANDICAPPED CHILD

Construct a file of resources for use in your center as an aid to the center staff in providing services for handicapped children. Your file should contain the following information:

1. Name of the agency or resource.
2. Address.
3. Telephone number
4. Name of person to contact.
5. Procedure to follow in making referral (if known).

TO BE TURNED IN:

At least five (5) file cards containing the outlined information for each appropriate resource in your community or surrounding area which could provide service to handicapped children.

THE "ME" MOBILE

Construct a "Me" Mobile for demonstration with the children for them to construct one for themselves. The "Me" Mobile consists of pictures of body parts (eyes, nose, hair, etc.) and each child's name suspended from a wire hanger. The purpose of the "Me" Mobile is to strengthen the child's self-image by: (a) providing a feeling of success (no right or wrong way to make a mobile); (b) allowing each child to work at an individual pace; (c) developing a positive relationship with an adult as the adult guides the child in constructing the "Me" Mobile; (d) helping the child become aware of body parts and their names; (3) helping the child become aware of physical differences in people; (f) giving each child a choice in which body parts to use in the mobile (emphasizes that the child is a person of worth and can make decisions); and (g) using the child's name as a part of the mobile.

Instructions for constructing your "Me" Mobile are outlined on the attached page.

TO BE TURNED IN:

1. A sketch and description of the "Me" Mobile.

2. A written evaluation of this activity as a method of enhancing young children's self-concept.

CONSTRUCTION OF THE "ME" MOBILE

I. Collect These Materials:

A. A wire clothes hanger
B. Five to ten magazine pictures of body parts (eyes, nose, mouth, etc.).
C. Tagboard, 16" x 24"
D. Ball of yarn
E. Dark felt-tip pen
F. Glue
G. Scissors

II. Complete the Following Steps:

A. Cut out pictures of body parts from magazines and glue each to a piece of tagboard. Some body parts, such as hands and feet, may be traced on tagboard.
B. Write name on tagboard approximately 1" x 3".
C. Cut yarn in various lengths as desired.
D. Tie yarn to pictures and attach to hanger.
E. Attach name to mobile with yarn.
F. Hang the mobile in a place where it can move in air currents.

CHAPTER XI

SUPPLEMENTAL MATERIALS

CHILDREN WITH SPECIAL NEEDS

SUPPLEMENTAL MATERIALS

BOOKS

1. Axline, Virginia.
   Dibs: In Search of Self.
   New York: Ballantine Books, 1964.

2. Blodgett, Harriet.
   Mentally Retarded Children: What Parents and Others Should Know.
   Minneapolis: University of Minnesota Press, 1971.

3. Brekelbaum, Barbara, et al.
   Your Guide to Services for Handicapped Children.
   Chicago: Coordinating Council for Handicapped Children, 1970.

4. Calovini, Gloria.
   The Principal Looks at Classes for the Physically Handicapped.
   Washington, D. C: The Council for Exceptional Children, 1969.

5. Carbon, Bernice and David Ginglend.
   Play Activities for the Retarded Child: How to Help Him Grow and Learn.
   Nashville, Tennessee: Abingdon Press, 1961.

6. Cheyney, A. B.
   Teaching Culturally Disadvantaged in the Elementary School.
   Columbus, Ohio: Charles E. Merrill Publishing Company, 1967.

7. Child Abuse and Neglect: Alternatives for State Legislation.
   Denver, Colorado: Education Commission of the States, 1973.

8. Connor, Frances and Mabel Talbot.
   An Experimental Curriculum for Young Mentally Retarded Children.
   New York: Bureau of Publications, Teachers College, Columbia University, 1964.

9. Connor, James.
Classroom Activities for Helping Hyperactive Children.
New York: Center for Applied Research in Education, 1974.

10. Cruickshank, William
The Brain-Injured Child in Home, School and Community.
Syracuse, New York: Syracuse University Press, 1967.

11. Decker, Celia A. and John R. Decker.
Planning and Administering Early Childhood Programs.
Columbus, Ohio: Charles E. Merrill Company, 1976.

12. Dramer, Edith.
Art as Therapy with Children.
New York: Schocken Books, 1971.

13. Dybward, Gunnar.
The Mentally Handicapped Child Under Five.
Arlington, Texas: National Association for Retarded Children, 1969.

14. Fontana, Vincent.
The Maltreated Child: The Maltreatment Syndrome in Children.
Springfield, Illinois: Charles C. Thomas Company, 1971.

15. Fontana, Vincent.
Somewhere a Child is Crying: Maltreatment - Causes and Prevention.
Riverside, New Jersey: Macmillan Publishing Company, 1973.

16. Grossman, Herbert J., ed.
Manual on Terminology and Classification in Mental Retardation.
Washington, D. C: American Association on Mental Deficiency, 1973.

17. Halliday, Carol.
The Visually-Impaired Child: Growth, Learning, Development, Infancy to School Age.
Louisville, Kentucky: American Printing House for the Blind, 1971.

18. Haring, Norris.
Behavior of Exceptional Children: An Introduction to Special Education.
Columbus, Ohio: Charles E. Merrill Publishing Company, 1974.

19. Koch, Richard and James C. Dobson.
The Mentally Retarded Child and His Family.
New York: Brunner/Mazel Publishing Company, 1971.

20. Koch, Richard and K. J. Koch.
Understanding the Mentally Retarded Child: A New Approach.
New York: Brunner/Mazel Publishing Company, 1974.

21. Lindsay, Zaidee.
Art and the Handicapped Child.
New York: VanNostrand Reinhold Company, 1972.

22. McCarthy, James and Joan McCarthy.
Learning Disabilities.
Raleigh, New Jersey: Allyn and Bacon, 1969.

23. Mowbray, Jean K. and Helen H. Salisbury.
Diagnosing Individual Needs for Early Childhood Education.
Columbus, Ohio: Charles E. Merrill Publishing Company, 1975.

24. Passow, Harry, ed.
Developing Programs for the Educationally Disadvantaged.
New York: Teachers College Press, Columbia University, 1968.

25. President's Commission on Mental Retardation.
Washington, D. C: Superintendent of Documents.

26. Rothstein, Jerome H.
Mental Retardation: Readings and Resources.
New York: Holt, Rinehart and Winston, 1971.

27. Stewart, Mark, M. D. and Sally Olds.
Raising a Hyperactive Child.
New York: Harper and Row, 1973.

28. Utley, Jean.
What's Its Name? A Guide to Speech and Hearing Development.
Urbana, Illinois: University of Illinois Press, 1968.

29. Valett, Robert E.
Modifying Children's Behavior: A Guide for Parents and Professionals.
Palo Alto, California: Fearon Publishers, 1969.

30. Valett, Robert E.
The Remediation of Learning Disabilities: A Handbook of Psycho-Educational Resource Programs.
Belmont, California: Fearon Publishers, 1967.

31. VanOsdol, William and Don Shane.
An Introduction to Exceptional Children.
Dubuque, Iowa: William C. Brown, 1975.

32. Wing, Lorna.
Autistic Children: A Guide for Parents and Professionals.
New York: Brunner/Mazel Publishing Company, 1972.

33. Young, Leontine.
Wednesday's Children: A Study of Child Neglect and Abuse.
New York: McGraw-Hill Paperbacks, 1964.

PAMPHLETS: MAJOR SOURCES

American Humane Association
Children's Division
P. O. Box 1266
Denver, Colorado 80201

1. Child Abuse - A Preview of a Nationwide Survey.
   $ .25

2. Child Protective Services and the Law.
   $ .35

3. Child Victims of Incest.
   $ .50

4. Guidelines for Schools to Help Protect Neglected and Abused Children.
   Free

5. Plain Talk About Child Abuse.
   $ .35

The Council for Exceptional Children
1411 South Jefferson Davis Highway
Arlington, Virginia 22202

6. Teaching Aids and Toys for Handicapped Children.
   $1.75

Day Care and Child Development Council of America
1012 14th Street N. W.
Washington, D. C. 20005

7. Children With Special Problems: A Manual for Day Care Centers.
   $1.50

Dubnoff School for Educational Therapy
10526 Victory Place
North Hollywood, California 91606

8. Early Detection and Remediation of Learning Disabilities.
Free

ERIC Publications Office
College of Education
University of Illinois
805 West Pennsylvania Avenue
Urbana, Illinois 61801

9. Understanding Young Children Series.

a. Emotional and Behavioral Development and Disabilities.
$1.25

b. The Handicapped Child in the Normal Preschool Class.
$1.75

c. Intellectual Development and Intellectual Disabilities.
$1.25

d. Language Development and Language Disabilities.
$1.25

e. Learning Development and Learning Disabilities.
$1.25

Interstate Printers and Publishers
Danville, Illinois 61832

10. For the Parents of a Child Whose Speech is Delayed.
$ .50

Maternal and Child Health Service
U. S. Government Printing Office
Washington, D. C. 20402

11. Feeding the Child With a Handicap.
$ .30

National Education Association
1201 16th Street N. W.
Washington, D. C. 20036

12. Teaching the Disadvantaged.
$ .50

Public Affairs Committee — $ .35 each
381 Park Avenue South
New York, New York 10016

13. To Combat Child Abuse and Neglect.

14. Help for Your Troubled Child.

15. New Hope for the Retarded Child.

16. The Retarded Child Gets Ready for School.

17. Serious Mental Illness in Children.

18. Your Child May be a Gifted Child.

Texas State Commission for the Blind — Free
4800 North Lamar
Austin, Texas 78756

19. A Guide for Parents of Visually Handicapped Children.

20. How to Play With the Partially-Sighted Child: Suggestions for Sensory and Educational Activities.

U. S. Department of Health, Education and Welfare
Office of Child Development
Washington, D. C. 20201

21. Children of Deprivation.
$ .35

22. Day Care: Serving Children With Special Needs.
$ .75

23. Responding to Individual Needs in Head Start.

AUDIO-VISUAL RESOURCES

FILMS

Contemporary Films
McGraw-Hill
1212 Avenue of the Americas
New York, New York 10019

1. I'm Not Too Famous at It. Rental: $15.00
   B/W, 28 minutes.
   Shows a number of learning-disabled children in a special center. Basic processes dysfunction is shown.

2. Teaching the Way They Learn. Rental: $15.00
   B/W, 28 minutes.
   Shows children with specific learning difficulties and an approach to remediate them. Deals with sound discrimination, building language, mathematics and motor development, and reversals.

International Film Bureau
332 South Michigan Avenue
Chicago, Illinois 60600

3. Can You Hear Me? Rental: $12.50
   Color, 26 minutes.
   Shows a 2½-year-old deaf child receiving therapy in a clinic setting. The child's mother has an active part in the therapy process.

4. Eternal Children. Rental: $12.50
   B/W, 30 minutes.
   Shows the problems of retarded children and how communities can improve services.

Modern Talking Picture Service, Inc. Free on loan
1411 Slocum Street
Dallas, Texas 75207

5. Emotional Ties in Infancy.
B/W, 12 minutes.
Depicts the importance of strong emotional ties between an infant and an adult, as the emotional relationships of four infants and their mothers are explored. Shows how a lack of attachment is emotionally damaging.

6. Portrait of a Disadvantaged Child.
B/W, 22 minutes.
Documentary film on life in the inner city and its effect on children's ability to learn.

7. Psychological Hazards in Infancy.
B/W, 22 minutes.
Shows how an infant's learning and development may be hampered by a poor environment and a lack of "mothering."

Newenhouse/Nova
1825 Willow Road
Northfield, Illinois 60093

8. Functional Teaching of Numbers. Rental: $27.50
Color, 31 minutes.
Shows mentally retarded children learning various aspects of numbers. Also of value to teachers of normal children.

New York University Film Library
26 Washington Place
New York, New York 10003

9. Early Recognition of Learning Disabilities. Rental: $10.00
Color, 30 minutes.
Children in kindergarten through second grade are shown in daily activities. Shows how it is possible to recognize learning disabilities in the early years.

10. First Steps. Rental: $7.00
B/W, 11 minutes.
A film on crippled children. Discusses the care and understanding needed by these children and their families. Shows training both in the home and in a therapeutic setting.

11. Growing Up With Deafness. Rental: $12.50
Color, 30 minutes.
Shows a program teaching speech and lip reading to deaf children. Also shows longitudinal progress of children in school ten years earlier.

12. Growing Up Without Sight. Rental: $10.00
B/W, 20 minutes.
Shows highly intelligent but blind children in a special nursery school. Discusses the role of the teacher in planning and carrying through suitable programs.

13. Looking for Me. Rental: $15.00
B/W, 29 minutes.
Depicts body movement techniques in working with nursery school children, retarded children and autistic children.

14. M. R: Mental Retardation. Rental: $24.00
Color, 50 minutes.
Shows a state plan for planning and implementation of special education programs. Includes the use of a multidisciplinary approach to diagnosis and remediation.

15. Opportunity Class. Rental: $16.00
Color, 22 minutes.
Shows a preschool class for both normal and handicapped children, and how they work together toward similar goals.

16. A Time for Georgia. Rental: $12.00
B/W, 14 minutes.
Shows an autistic child in a nursery school for children with special problems.

17. In Touch: Movement for Mentally Handicapped Children. Rental: $12.50

B/W, 25 minutes.

Deals with movement education and its possibilities, as teachers work with children.

CASSETTE TAPES

Child Care Information Center
532 Settlers Landing Road
P. O. Box 548
Hampton, Virginia 23669

Price: $2.50 each

1. Child Protective Services - A Community Responsibility.
   88-35
   Some of the methods that can be employed by the community to protect parents from abusing children.

2. Child Rearing Practices in Minority Groups.
   Graham, Vanette.
   93-41
   Discusses strengths of child rearing practices in minority groups; stresses building on those strengths.

3. Considerations of a Normal Preschool Placement for Exceptional Children.
   Hubbard, Betty.
   90-38
   Discusses the pros and cons of normal preschool placement for mentally retarded, language impaired, hearing impaired, physically handicapped or blind children.

4. Cultural Differences and Their Implication for the Education of Young Children.
   Gordon, Ira.
   90-64
   Gives a clear definition of the cultural differences between children of varied backgrounds, some of the problems that can arise, and acceptable methods of dealing with those problems.

5. Different Use of Foster Care Placements.
   Unterbrink, Ray.
   88-30
   Discusses ways to insure a stable, balanced, long-term placement of children.

6. Emotionally Disturbed Children.
Weaver, June D., et al.
96-08

Panelists discuss programs in existence and some which are being planned for emotionally disturbed children.

7. Getting Organizations Started and Keeping them Going.
Dennison, Ann.
93-30

A plan of action is outlined for organization of chapters of Foster Parent Associations.

8. Help for Parents in Crisis.
Jolly, Founder.
88-40

Discusses avenues of help open to abusive parents and how to obtain available help.

9. Identification and Care of the Battered or Abused Child.
Gilliam, Phillip, et al.
93-24

Discusses aspects involved in identifying and caring for abused children, and treatment for abusive parents.

10. Identifying and Treating the Abused Child.
Bensil, Dr. Robert.
97-02

Discusses society's role in the problem; identification of the abused child, including physical, emotional and sexual abuse, and treatment of the child and his/her family.

11. Identity Problems of the Adopted Child and Adults.
Schultz, Wedgie.
88-25

Discusses some problems of adopted children in establishing their identity.

12. Infant and Preschool Handicapped.
Gordon, Ronnie.
90-56

Focuses on response, evaluation, environment and learning styles of handicapped children. Particular attention is given to mental development in relation to chronological development.

13. Is a Normal Preschool the Place for Children With Delayed Speech and Language?
Karnes, Merle.
90-33
A panel of experts discusses the pros and cons of placement of children with speech problems in a normal preschool environment.

14. Is Pain a Part of the Healing Process for the Placed Child?
Reistroffer, Mary.
93-14
The meaning of loss to the foster child is discussed, including the concepts of death, separation and changing environment.

15. Love, Belongingness, Self-Respect and Self-Esteem.
96-14
Discusses how the emotional needs of individuals can be met.

16. New Minorities: Changing Roles of Men and Women and Changing Kinds of Families.
90-74
Discusses how changes in family systems--one-parent families, communes, changing sex roles--affect children, sometimes with emotionally damaging results.

17. Prediction and Treatment Strategies for Children With Learning Disabilities.
Sewer, Blanche.
90-84
Discusses future of children with learning disabilities in light of new work being done in the field.

18. Preventive Service to Strengthen Family Life.
Young, Dr. Leontine.
88-31
Discusses some methods for preventing crisis within the family structure. Emphasis is placed on beginning to work with the young children.

19. The Special Needs of Foster Children.
Reistroffer, Mary.
90-52
Relates the emotional and physical needs which are special to foster children, and how to best meet these.

20. Twenty-Four-Hour Emergency Protective Services.
Jeske, Edward.
93-40

Describes services offered through this innovative child abuse prevention project.

21. Unwed Mothers: The Girl Who Keeps Her Baby.
Kreech, Florence.
93-10

A look at the increasing number of unwed mothers keeping their babies, and at the services available to these mothers.

22. What Behavioral Research Says About the Black Child.
Dill, John.
90-55

Discusses the behavior of the black child, with particular regard to the two separate worlds with which the child has to cope.